

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

16/576 904

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	2		1			
4	①		1			
5	②		1			
6	③		1			
7	④		1			
8	⑤		1			
9	⑥		1			
10	1		1			
11	⑦		1			
12	⑧		1			
13	⑨		1			
14	⑩		1			
15	1		1			
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TOTAL IND.			2			
TOTAL DEP.		21				
TOTAL CLAIMS		23				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						